

B2500A (12/15)



**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NORTH CAROLINA**

| | | |
|-----------------------------|---|-------------------------|
| In the matter of: |) | |
| JTR1, LLC fdba JTR, LLC |) | Case No. 20-30141 |
| Debtor(s) |) | |
| A. Burton Shuford |) | Chapter 7 |
| |) | |
| v. |) | |
| BJS Insurance, LLC JJM, LLC |) | Adv. Proc. No. 22-03018 |
| Defendant(s) |) | |

SUMMONS IN AN ADVERSARY PROCEEDING

YOU ARE SUMMONED and required to submit a motion or answer to the complaint which is attached to this summons to the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall submit a motion or answer to the complaint within 35 days.

Steven T. Salata, Clerk
U.S. BANKRUPTCY COURT
401 West Trade Street
Charlotte, NC 28202

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney:

Melanie D. Johnson Raubach
525 N. Tryon Street
Suite 1400
Charlotte, NC 28202

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.

Date of Issuance: 2/7/2022

s/ Steven T. Salata
Clerk of the Bankruptcy Court

Electronically filed and signed

CERTIFICATION OF SERVICE

I, Melanie D. Johnson Raubach (name), certify that service of this summons and a copy of the complaint was made on February 8, 2022 (date) by:

- Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
BJS Insurance, LLC, c/o Barry J. Steinfelder, Registered Agent, 2005 Burdock Road, Baltimore MD 21209
- by regular U.S. Mail
- JJM, LLC, c/o Dawn Dixon, Registered Agent, 2005 Burdock Road, Baltimore MD 21209 - by regular U.S. Mail
- Personal service: By leaving the process with defendant or with an officer or agent of defendant at:
- Residence service: By leaving the process with the following adult at:
- Publication: The defendant was served as follows: (Describe briefly)

State Law: The defendant was served pursuant to the laws of the State of North Carolina, as follows: (Describe briefly)

Pursuant to N.C. Gen. Stat. 1A-4(j)(6)b, service was made via registered or certified mail, return receipt requested. Service by certified mail was received on February 11, 2022 as evidenced by the signature cards attached hereto as Exhibit A and incorporated herein by reference.

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date 2/28/2022

Signature /s/ Melanie D. Johnson Raubach

Print Name :

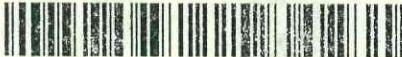
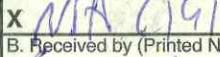
Melanie D. Johnson Raubach

Business Address :

525 North Tryon Street, Suite 1400

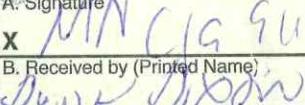
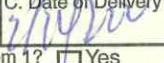
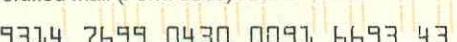
Charlotte, NC 28202

EXHIBIT A

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Return Receipt (Form 3811) Barcode | |
|  9590 9699 0430 0091 6692 53 | |
| 1. Article Addressed to: BJS Insurance, LLC c/o Barry J. Steinfelder, Registered Agent 2005 Burdock Road Baltimore, MD 21209 | |
| 2. Certified Mail (Form 3800) Article Number 9314 7699 0430 0091 6692 51 | |
| COMPLETE THIS SECTION ON DELIVERY | |
| A. Signature  Barry J. Steinfelder | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) Barry J. Steinfelder | C. Date of Delivery 11/4/12 |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery | |
| <u>Reference Information</u> | |

PS Form 3811, Facsimile, July 2015

Domestic Return Receipt

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Return Receipt (Form 3811) Barcode | |
|  9590 9699 0430 0091 6693 45 | |
| COMPLETE THIS SECTION ON DELIVERY | |
| A. Signature  | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| B. Received by (Printed Name)  | C. Date of Delivery  |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 1. Article Addressed to: JJM, LLC c/o Dawn Dixon, Registered Agent 2005 Burdock Road Baltimore, MD 21209 | |
| 2. Certified Mail (Form 3800) Article Number  9314 7699 0430 0091 6693 43 | |
| 3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery | |
| <u>Reference Information</u>  | |
| PS Form 3811, Facsimile, July 2015 | Domestic Return Receipt |